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ABSTRACT

Due to a variety of internal and external events the Student Affairs Committee of Colby College (Maine) studied alcohol use on campus and recommended solutions in two major areas, educational and social. Five educational strategies were recommended: (1) development of clear policies regarding alcohol and other drugs; (2) enforcement of regulations; (3) provision of alcohol and other drug education and prevention programs; (4) intervention and referral for treatment; (5) assessment of attitudes and behaviors toward alcohol and other drugs as well as program effectiveness. Several steps toward implementation were suggested, including the addition of a part-time alcohol counselor and a 1991 program assessment. In order to develop a new social life pattern the current practices and financial costs were reviewed. Possible changes include the sponsorship of innovative programs where alcohol is not the major focus. Because these programs tend to be more costly, several means for obtaining increased funds were examined. The funding needed to provide a comprehensive social life program for a full academic year was calculated. Two appendices detail events that were held during the first semester of the 1990-91 year, and the funding request for second semester of the same year. Also attached is a draft supplemental report focusing on health related issues designed to serve as a framework for a described plan of action. (JB)

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COLBY ALCOHOL REPORTS

January 9, 1991

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Major objectives of the project are to:

- increase access to the information on programs, policies, and curricula developed by Network member institutions;
- encourage the use of the ERIC system by Network member institutions;
- improve the Network's ability to know about, and share information on activities at member institutions; and
- test a model for collaboration with ERIC that other national agencies might adopt.

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ALCOHOL REPORT

JANUARY 9, 1991

Prepared by the Student Affairs Committee of the College

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The Student Affairs Committee of the College has been asked by the Dean of Students and the Student Affairs Committee of the Board to study the issue of alcohol at Colby in light of recent on campus studies and federal legislation.

The following report outlines the problems, as we see them, and recommends a multi-step process to deal with the issue.

The solutions we believe lie in two major areas, which will be discussed at greater length in the report.

1. Educational and counseling efforts beginning at orientation and continuing through each academic year. Both expanded programs and additional staff are needed.

2. Creation of a social life pattern where alcohol plays a less important role.

I. Introduction

A. The National Problem:

In the last few years, a great deal of attention has been focused on the role of alcohol in society. High school education programs abound and media attention has emphasized the importance of MADD, SADD, chemical free prom nights, and groups such as, ACOA, AL-ANON, Al-a-Teen, etc. which provide support for those affected by alcohol. However, in spite of all this valuable education, expectations still exist among students that college is a time to "experience the gusto." For many, alcohol is the vehicle which they believe ensures this good time and which plays a major role as the "rite of passage" into what students see as the accepted "adult form" of socializing. The concept among many students is to "work hard" during the week and "party hard" on the weekends.

The alcohol problem among college students has been well documented. Most students begin to use alcohol before they get to college. Many begin drinking in their early teens. When students enter college, they drink more often, and when they drink, they drink more than students of previous generations (Upcraft and Eck 1986).

Studies show that accepted levels of drinking on college campuses far exceed those of the general population at large. And, a recent Harvard study has indicated that "high intensity" or "binge" drinking has been building over the years.

"The study conducted on 1669 first-year students at 14 colleges in Massachusetts shows that while use of many harmful substances has declined on college campuses nearly all first-year students drink alcohol. It also shows that of those who drink frequently (more than once a week) almost all are 'binge' drinkers who consume five or more drinks in one sitting at least once every two weeks." (Harvard Gazette, November 9, 1990). The great ironies in reviewing this problem are that this emphasis on alcohol is occurring in spite of a variety of educational efforts and in spite of a 21-year-old drinking age which is law in all 50 states. On most

traditional college campuses only 25% of the student body is of legal drinking age. So, some students are knowingly breaking the law to consume alcoholic beverages. And, college administrators are in the position of trying to educate about non-alcoholic programming, to provide responsible places for consumption and offer vibrant, creative social life opportunities. While efforts are made to provide campus functions where alcohol is not the major focus, the danger exists that drinking will proliferate behind closed doors, in the residence halls.

B. The Colby Problem:

This fall at Colby, particular attention has been paid to this dilemma, as the issue has been brought to the fore by a variety of constituencies both internal and external.

1. Internal:

   a. Health Center: Dr. Hume, the college physician, reported in September, 1990, twenty-one alcohol related illnesses and accidents in just the first month of school. And, the counselors at the Health Center write "we concur that alcohol use and abuse is a significant campus problem which needs to be addressed more effectively."

   b. Task Force Report on Womens' Issues & Gender 1989-90: Linked the abuse of alcohol to the problem of date rape on campus and to sexism, in general.

   c. Senior Exit Surveys, May 1990: Pointed to the overemphasis of alcohol and dissatisfaction with the social scene at Colby. Seniors chronicle "growing out" of the need to party in large, impersonal, out-of-control parties to socializing in smaller, more civilized functions as upperclass students. Seniors urged the college to consider more creative, alternative programs.

d. First-Year Student Interviews, September 1990:

1. A random group of 33 new students were interviewed within the first days of the school year by members of the Dean's office. The majority noted surprise at the amount and availablity of alcohol on campus.

2. Trustee Peter Hart conducted focus group interviews in October, 1990, and also highlighted new student concerns about the role of alcohol here.

e. Accident at Student Center: In late September, a Colby student was involved in a serious accident at the Student Center which many believe was alcohol related.

f. Alcohol Forum: At the Student Association sponsored alcohol forum held on October 22nd, over 90% of the audience acknowledged that they knew someone at Colby for whom, "drinking was out of control."

g. Operating Under the Influence: In the first semester 1990-91, there have been seven cases of driving while intoxicated. There were no cases reported in the similar time period last year.

2. External:

a. On October 1, 1990, the federal "Drug-Free Schools and Communities Act" was enacted which compels colleges and universities to ban underage drinking and illegal drug use. And, so, at Colby and across the nation, post-secondary institutions are struggling with this law and the expectations some students have of the college serving as a "sanctuary" where underage individuals can drink.

b. The "Crime Awareness and Campus Security Act" has recently been passed and calls for, among other things: "Statistics concerning the number of arrests for liquor law violations...and

a statement of policy regarding the possession, use, and sale of alcoholic beverages and enforcement of State underage drinking laws and a statement of polciy regarding the possession, use and sale of illegal drugs and enforcement of Federal and State drug laws and a description of any drug or alcohol abuse education programs."

Hence, the college has multiple reasons for addressing this problem. We have moral, ethical and legal obligations to face this this issue and develop an effective response.

C. <u>Action to Date</u>:

Through the Student Affairs Committee of the College and the Alcohol Policy Committee, we have been working this fall to tackle these questions. It became apparent that more effective efforts were needed to monitor the drinking age at major campus events in the Student Center and dining halls. Hence, ID's are now checked at both entry to the party and at the site where alcohol is dispensed.

Party hosts are routinely notified of their responsibilies in regard to Maine law and college alcohol policies. For on campus parties with alcohol, a 21 year-old must be present. ID's must be checked, already intoxicated persons cannot be served, alternate beverages and food must be provided. For major campus events, Security officers must be present for damage control, monitoring the fire code and assistance in checking ID's.

In addition, the following steps have been taken:

1. The Student Association sponsored a popular all-campus forum for Deans, the college physician, the security director and campus leaders to address student concerns and state the position of the college.

2. Hall Councils have discussed the issue and students have submitted suggestions to the Dean of Students office.

3. An Independent Student Committee was formed to look at this problem and has submitted suggestions.

4. Additional non-alcohol functions were planned and implemented throughout the fall semester. Of 32 major functions held in the Student Center, Dining Halls and outdoors, 12 were non-alcohol functions, one limited alcohol party and 19 "traditional" parties. This compares with only two major non-alcohol functions in the fall 1989. The most popular non-alcohol events were the Casino Night where students gambled with "play" money and the Suitcase Party where two trips were raffled off and winners were treated to a weekend in Boston or Florida. (See Appendix A.)

5. The Coffeehouse mounted an impressive array of non-alcohol functions this fall, including a singer who was voted "National Coffeehouse Entertainer of the Year in Colleges and Universities" and a female duet from Boston.

6. Increased student referrals have been made this semester to the Seton Unit of the Mid-Maine Medical Center for initial alcohol evaluations. Thirteen students have been referred, 12 by the Deans office and one by the Health Center.

D. <u>Student Reaction To Prospects for Change</u>:

Although we have not conducted a formal survey, we know there is a significant portion of the study body that feels underage drinking on campus is not a problem. And, in fact, they wonder why this aspect of college life is being questioned, even though as stated earlier, many know individual students for whom alcohol is a problem.

Many feel that clamping down on campus will promote a proliferation of off campus drinking and the heightened possibility of alcohol-related

traffic accidents. Additionally, some say there will be increased drinking in the residence halls which might result in more noise, excessive hall damage and decreased opportunities for "supervised" drinking. This same group warns that students determined to drink will do so in large quantities (pre-loading) before heading out to the "official" parties.

Yet, some student leaders and others understand the dilemma the college faces and agree that the drinking has taken a pre-eminent role in campus social life. And, there is anecdotal evidence that the emphasis on alcohol here is sometimes shocking to some incoming international and minority students, whose countries and cultures do not place such an emphasis on the role of alcohol in socializing.

II. Education:

A. Five Suggested Strategies:

In reviewing a recent publication, "A Guide for College Presidents and Governing Boards: Strategies for Eliminating Alcohol and other Drug Abuse on Campuses," five strategies were recommended:

1. *Develop clear policies concerning alcohol and other drugs*
2. *Enforce alcohol and other drug regulations*
3. *Provide alcohol and other drug education and prevention programs*
4. *Ensure intervention and referral for treatment of students, faculty and staff; and*
5. *Assess attitudes and behavior toward alcohol and other drugs as well as the effectiveness of education, prevention, intervention and treatment programs.*

In preparing this report, we have considered each of these suggestions.

B. Implementation:

At Colby, our policies are stated in the Student Handbook and highlighted even further in two additional publications: Drugs and Alcohol at Colby and How to Minimize Liability and Maximize Responsibility in Serving Alcohol and the soon-to-be published Drug Free Schools and Communities brochure.

The problem is that students rarely read these publications and even though they know the drinking age is 21, many expect a different "college" approach to alcohol.

Beginning in the second semester 1990-91, we intend to:

1. Offer hall staff and hall presidents expanded training regarding alcohol issues and how to present these matters to students. (Some previous student leader presentations to new students have focused on "how to get around the law.")

2. Issue hall staff and security officers specific instruction sheets on how to deal with issues related to alcohol use and abuse and when to make referrals for alcohol counseling.

3. Conduct a "high visibility" Alcohol Awareness Week. (beginning February 4th)

4. Conduct an expanded section on alcohol use and abuse for new, incoming first-year students.

5. Encourage the Judicial Board to mandate counseling as a sanction in alcohol-related cases.

6. Sponsor workshops in each residence hall with members of the Dean of Students Office staff and Health Center staff to review the use and abuse of alcohol, help available, etc.

7. Explain more fully to students the SEEP & SERENE referral programs offered at the Mid-Maine Medical Center.

8. Consider how BAR (Better Alcohol Responsibility) and the PEER Alcohol Health Facilitators should interface.

C. Part-time Alcohol Counselor:

1. The Need:

As evidenced in Dr. Hume's hall forum in mid-November, there is interest in having an alcohol counselor on campus to whom students could address concerns about their own drinking and/or that of their friends. (Currently, students with alcohol problems are evaluated and treated if necessary, at the Seton Unit of the Mid-Maine Medical Center upon referral by the Deans office or Health Center). One concern about our current approach is that we may not be addressing problem drinkers early enough. Through an alcohol counselor on campus, we may be able to prevent problems from escalating.

2. The Position:

In addition to working with individual students on their own problems and those of their friends, the counselor will.

a. assist in training student leaders
b. mount education programs, both on the hall, Commons and campus level
c. supervise the peer alcohol health facilitators
d. organize group sessions for ACOA's, AA on campus, etc.

3. The Cost:

We believe $25,000 would be required to hire a part-time counselor for 2 or 3 half days a week per academic year.

Additionally, that individual would need $8,000-$10,000 per year for programming funds. The money for programming could be drawn from the fine money collected through disciplinary infractions assuming the Judicial Board and Student Association agree.

D. Assessment:

We propose to begin an assessment program through the Health Advisory Committee in the fall of 1991 to understand better student attitudes toward alcohol.

In addition, we want to assess the effectiveness of our intervention programs, such as Peer Health Facilitators, SEEP and SERENE.

III. New Social Life Pattern:

A. The Current Situation:

Since the college has stated that Colby funds cannot be used for the purchase of alcohol, the guest list system has been utilized as a way to collect funds in advance to purchase alcohol. Sign-up sheets are set-up in dining halls during the week and students generally give $3.00 to have their names added to the list. Once they enter the party, they may have as many drinks as they like. The host is responsible for monitoring the drinking age and refusing those who are visibly intoxicated.

These parties are generally quite profitable for the hosts, as beer is rather inexpensive and the soda machine is provided at a nominal cost.

Since former methods of checking ID's have been ineffective, there has been underage drinking at major events which contributed to the popularity of these events. Now that underage drinking has been curtailed, through the more effective ID monitoring system, there is less incentive for students to pay the $3.00 to attend the functions. Therefore party hosts are reluctant to sponsor activities. Additionally, party hosts fear increased scrutiny and potential legal liabilities.

B. Current Yearly Funding Practices:

1. Student Association - Overall Allocation = $175,000.

Amount for clubs/organizations	115,000.
Contingency	10,000.
Social Life	**15,000.**
Concerts	15,000.
Cultural Life	20,000.

2. Commons: Overall Allocation = $ 40,000.
(approximately $10,000 per Commons)

for Residence Hall programming	=	20,000.
for Cultural Life	=	7,000.
remains for overall social life	=	**13,000.**

Hence, $15,000. from Stu-A plus $13,000. from the Commons = $28,000. is currently earmarked for social life.

C. Possible Changes:

I. Innovative Programs

To allow social life to thrive, we believe that efforts, which were begun this fall to sponsor innovative programs, where alcohol is not the major

focus, must be continued. Gaining in popularity, these functions are costly, because:

a. The former, profitable guest list system with loose monitoring of the drinking age is gone. Hence, some underage party goers are reluctant to attend a traditional Student Center party, if they can't drink.

b. Theme parties, which feature creative decorations, bands, music videos, DJ's and other gimmics require more money per event than the former "keg party."

We are in the process of changing a "culture" which relied on alcohol as the socializing lubricant. To do so, we need to provide an exciting array of activities where alcohol takes a back seat. Appendix A delineates the events attempted this fall and their relative success rates.

2. How to obtain increased funds:

It is clear that additional funds are needed for social life and they could be obtained in the following ways:

a. Increase student charges by increasing the general fee. The college would be reluctant to augment overall charges in light of other necessary tuition increases.

b. Direct revenues generated from student services related endeavors back to student services. For example, many colleges use the revenues generated from vending machines in the Student Center and from snack bar profits to fund programming in Student Centers. This plan could also be utilized in the residence halls by dedicating funds from the laundry machines back to hall programming.

c. Employ a student social fee: This would be a semester fee that students would pay to one central account. The legality

of this approach is being studied by the college attorney.

d. Increase the college's budgetary allocation to both Stu-A and the Commons.

D. <u>The New Plan & Funding Needed</u>:

We have delineated here the formula by which we calculated the funding needed to provide a comprehensive, social life program for a full academic year.

a. Number of possible programming dates =
64 = regular school year (2 nights per weekend, 16 weeks in fall + spring semesters)

8 = Jan Plan (2 nights per weekend in 4 weeks)

72

b. Events to be offered

Major Events * = 18 (2 major events/month for 9 months)
18 @ $2500. = $45,000.

Minor Events = 54

27 @ $1,000.	=	$22,000.
27 @ $ 500.	=	$11,000.
		$33,000.

(*These events would include such functions as Casino night, Beach Party, Homecoming, Parents Weekend.)

Major	$45,000.		
Minor	$33,000.		
	$78,000.	Funds needed	$15,000 Stu-A
	-28,000.	Already committed	$13,000 Commons
	$50,000.	Amount needed	

c. Allocation of funds requested:

Of the $50,000. requested, we propose placing $10,000. into Stu-A Social Life, $10,000. into Commons Social Life and $30,000. into an "Innovative Programming Fund."

Groups would then be required to file an event proposal form to compete for funds from this new account. This would create incentive across the campus to sponsor events. A board composed of student leaders, faculty and staff would oversee dispensation of funds. Programs might not always be funded 100% but given seed money, with encouragement to engage in fund-raising or ticket sales.

We may find that $50,000. will not always be needed each year, if in fact door receipts can fund the activities planned.

d. Pilot Plan for Second Semester:

To test out the effectiveness and desirability of this improved social life plan we are asking for $28,663. to implement this new plan for the spring term.

The funds would be divided among the four Commons, Stu-A Cultural and Social Life and the Coffeehouse. (See Appendix B.)

IV. Items to be discussed in early second semester 1990-91:

Since the stricter controls on large, public functions have only been in effect for one semester, we have not had a chance to evaluate the impact on drinking in the residence halls. We intend to do so at the start of the second semester.

We need to explore whether more abusive drinking is occurring in lounge parties and private rooms. Undoubtedly, a discussion of residence hall drinking will involve a review of the role of drinking games as well as, the practice of allowing keg parties in lounges and 4-6 person suites.

V. Summary of Finances:

A. For Second Semester:

1. For Education: $4,000. to be taken from the fine money

2. For programming: $28,663.00

B. For 1991-92:

1. For Education: $ 8,000. from the fine account
   25,000. for alcohol counselor

   $ 33,000.

2. For programming: $50,000.

VI. Conclusion:

A. Education & Counseling

Education and counseling are the keys to alerting students to the issues involved in the use and abuse of alcohol. The expanded efforts suggested here will provide greater understanding among the student population and will offer earlier intervention.

B. New Social Life Plan

Student leaders have been most responsible in meeting the challenge the alcohol issue has placed upon them. And, we believe they will continue to program creatively and begin to change the social life pattern through imaginative use of the added resources requested.

APPENDICES

Appendix A: Events Held Semester I, 1990-91

Appendix B: Detailed Funding Request for Semester II, 1990-91

EVENTS HELD FALL SEMESTER I, 1990-91

KEY:
NA = Non-alcohol
Trad= Traditional party with alcohol
LA = Limited alcohol

DATE	TYPE	ARTIST OR ACT	LOCATION	SPONSOR	ATTND	COST	CHG/PERS.	COMMENTS
9/6	NA	Carnival	Roberts Field	Jr. Class	75	$100	None	
9/8	NA	Henry Cho-Comedy	Student Center	Stu Act. off.	400	$1,900	None	Great
9/9	NA	The Trend/60's dance	Student Center	Stu Act. off.	275	$2,900	None	Excellent
9/10	Trad.	1 st Day of Loudness	Heights	Stu-A Social	800	$2,500	$3	Outdoor Sun. aftern.
9/16	NA	Innovation/Dance Concert	Student Center	Stu Act. off.	350	$2,600	None	Excellent participat
9/17	NA	Drive-In Movie	Dana Lawn	Stu Act. off.	450	$2,200	None	Innovative program
9/21	Trad.	Jr. Class party DJ	Student Center	Jr. Class	700	$600	$3	18 kegs consumed
9/22	Trad.	D.J.	Student Center	Chaplin Comm.	250	$400	$3	
9/28	Trad.	D.J.	Student Center	Lovejoy Comm	300	$600	$3	
9/29	Trad.	D.J.	Student Center	Johnson Comm	325	$800	$3	
10/11	Trad.	Live band Children	Student Center	Stu-A Social	500	$3,000	$3	Cafe Style
10/12	Trad.	Oktoberfest German band	Student Center	Stu-A Social	400	$2,000	$3	German Food & Musi
10/13	Trad.	D.J.	Roberts	Johnson Comm	300	$750	$3	
10/19	NA	Salsa Band	Student Center	I.S.O. Stu-A	125	$2,000	None	Alumni Weekend
10/19	Cash bar	Band/Perfect Circle	Spa	Private	400	None	Cash bar	Alumni Weekend
10/20	Trad.	Band/Blue Flame	Student Center	Marriner Hall	525	$1,200	$3	Alumni Weekend
10/26	NA	Casino Nite	Student Center	Marylow	525	$2,400	$2	Parent's Weekend
10/27	LA	Swing Band/Good Company	Student Center	Ski Team	275	$1,950	$2	Very well run
10/27	Trad.	Reggae Band	Foss Dining	Marylow	500+	$2,000	$3	Overcrowded
11/2	Trad.	D.J.	Roberts	Private	325	$600	$3	
11/8	NA	Video D.J./Suitcase party	Student Center	Stu-A Social	400	$2,300	$3	Very popular
11/9	Trad.	Swing Band/Semi Formal	Student Center	Marylow	650	$2,600	$4	Great decoration
11/9	Trad.	Band/Perfect Circle	Roberts	Private	275	$500	$3	
11/10	NA	Comedian/Bertice Berry	Student Center	Sr. Class	475	$1,250	None	Very well received
11/16	Trad.	Rugby Ball D.J.	Roberts	Rugby Team	270	$500	$3	
11/17	Trad.	D.J. Party	Student Center	Football Team	300	$400	$3	Salute to team
11/30	Trad.	Sports Party	Student Center	Private	200	$450	$3	
12/1	NA	Holiday party D.J.	Student Center	Marylow	300	$1,000	None	Sleigh Rides

APPENDIX A

DATE	TYPE	ARTIST OR ACT	LOCATION	SPONSOR	ATTND	COST	CHG/PERS.	COMMENTS
12/1	Trad.	Jr. Sr. Cotillion	Dana Dining	Jr Sr Class	500	$1,500	$3	
12/7	Trad.	Johnson-Chaplin Holiday	Student Center	Johnson-Chapl	350	$1,500	$3.50	Very well run
12/8	NA	Last Day of Loudness	Fieldhouse	Stu-A Social	500	$600	None	Olympic games
12/9	Trad.	Last Day of Loudness	Student Center	Stu-A Social	525	$1,500	$3	

DETAILED FUNDING REQUEST FOR SEMESTER II, 1990-91

SPC - '91 budget (final)

Appendix B

Transaction	Costs	Revenue	Total Costs
Johnson Commons:			
Costs:			
1. Recreated Fenway Park Party	$2,500.00		$2,500.00
2. Bingo (with worthy prizes)	$2,500.00		$5,000.00
3. Outside Theme Party	$1,000.00		$6,000.00
4. Semi-formal	$1,000.00		$7,000.00
5. Mardi Gras Party	$2,500.00		$9,500.00
Revenue:			
- already allocated budget		$2,000.00	$7,500.00
- expected revenue		$2,000.00	**$5,500.00**
Chaplin Commons:			
Costs:			
1. Physical Graffiti Party	$1,550.00		$1,550.00
2. Two Semi-formals ($600 each)	$1,200.00		$2,750.00
3. Mini-Golf Party	$2,000.00		$4,750.00
4. Winter Carnival	$600.00		$5,350.00
5. All-Campus Auction	$900.00		$6,250.00
6. Chaplin for Kids	$150.00		$6,400.00
7. Non-Alcoholic Party	$1,000.00		$7,400.00
Revenues:			
- already allocated budget		$2,000.00	$5,400.00
- expected revenue		$2,000.00	**$3,400.00**
Lovejoy Commons:			
Costs:			
1. Winter Carnival Semi-formal	$2,200.00		$2,200.00
2. Valentine's Day Party	$1,500.00		$3,700.00
3. St. Patrick's Day Party	$1,850.00		$5,550.00
4. Rodeo Ho Down!	$1,500.00		$7,050.00
Revenues:			
- already allocated budget		$2,000.00	$5,050.00
- expected revenue		$3,350.00	**$1,700.00**
Mary Low Commons:			
Costs:			
1. Classic Rock Party	$1,300.00		$1,300.00
2. Semi-formal	$2,250.00		$3,550.00
3. St. Patrick's Day (already in LJC)			
4. Out Door Music Party	$8,200.00		$11,750.00
Revenue:			
- expected revenue		$4,150.00	$7,600.00
- already allocated funding		$3,000.00	**$4,600.00**

Stu-A Social Life			
Costs:			
1. "Let's Make a Deal!" Party	$2,900.00		$2,900.00
2. Suitcase Party Part II	$3,900.00		$6,800.00
3. Beach Party (non-alcoholic)	$4,900.00		$11,700.00
4. Cafe Night	$3,500.00		$15,200.00
5. Outdoor Carnival	$5,000.00		$20,200.00
Revenues:			
- expected revenues		$4,600.00	$15,600.00
- already allocated budget		$10,000.00	**$5,600.00**
Stu-A Cultural Life			
Costs:			
1. Genterfication Slide Show	$40.00		$40.00
2. Native American comedian - Hill	$1,900.00		$1,940.00
3. Martin Luther King B-Day Cel.	$1,000.00		$2,940.00
4. Contribution to Kei Takei	$500.00		$3,440.00
5. Film series on Harlem	$323.00		$3,763.00
6. Lecture on AIDS	$500.00		$4,263.00
7. Rocky Horror Picture Show	$300.00	$400.00	$4,163.00
8. Indian Dancer (lect. + perform.)	$1,500.00		$5,663.00
9. Legendary Concert Slide Shows	$2,500.00	$300.00	$7,863.00
10. Cultural Fair	$200.00	$500.00	$7,563.00
11. Weekend Culturalfest	$2,000.00		$9,563.00
Revenues:			
- remaining budget		$3,700.00	**$5,863.00**
Coffeehouse:			
costs:	$2,000.00		**$2,000.00**

TOTAL FUNDING REQUEST FOR SPRING 1991 **$28,663.00**

DRAFT

Supplemental Alcohol Report
March 29, 1991

Prepared by the Garrison-Foster Health Center Staff:

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INTRODUCTION

This report is a supplement to the January 9, 1991 report of the Student Affairs Committee of the College to the Board of Trustees. The focus of this report is on health related issues associated with the alcohol/substance abuse problem at Colby as described in that January 9th report. This report represents a collective concern and caring for every student at Colby by all who participated in its preparation and review. The time required to collect and collate information for this report has precluded exhaustive review and revision of this draft. It should be noted that this report has been reviewed by the professional staff at the Health Center as well as by other key individuals both on and off the campus. This is a planning document designed to serve as a framework for a described plan of action. This plan will require a part-time alcohol counselor (on campus) plus additional psychology counseling time if the ambitious goals are to be realized

An Alcohol Planning Committee (a subcommittee of the Health Advisory Committee) consisting of faculty, administration, student, and Health Center personnel should be constituted to deal in an on-going fashion with this problem which Colby is attempting to resolve before society in general has adequately addressed the issue or been able to bring the problem under control.

The five strategies * mentioned in the previous report are woven into our review of the following areas:

1. Current protocol at the Health Center.
2. Recommended future protocol/treatment plan for the Health Center.
3. The codependency issue.
4. Student leadership groups.
5 Approach to incoming students.
6. Role of the Alcohol Counselor
7. Interaction with the Dean of Students Office.
8. Colby Emergency Response (CER).
9. Safety and Security.

1. CURRENT PROTOCOL AT THE HEALTH CENTER

Students are seen at the Health Center with alcohol related incidents (sprained ankle, scalp lacerations, etc.) and for varying stages of acute alcohol intoxication. The latter group is generally put to bed in the infirmary to sober up under close observation. Students with minor injuries are treated on an outpatient basis. Comatose students and those with impending cardiorespiratory failure are sent to the Emergency Department at Mid-Maine Medical Center.

A follow-up visit with a physician or a physician assistant is scheduled for 2-5 days after any known alcohol related incident. The physician reviews the student health record looking for a pattern of

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* 1. Develop clear policies concerning alcohol and other drugs.
2. Enforce alcohol and other drug regulations.
3. Provide alcohol and other drug educational and prevention programs.
4. Ensure intervention and referral for treatment of students, faculty and staff.
5. Assess attitudes and behavior toward alcohol and other drugs as well as the effectiveness of education, prevention, intervention, and treatment programs.

repetitive, irresponsible drinking, previous alcohol related incidents, etc. and questions the student about personal and family history of alcohol problems. Counseling by the physician with follow-up visit(s) is arranged as indicated. The Health Center physicians may refer a student to the Student Evaluation and Education Program (SEEP) at Mid-Maine Medical Center (a 1 1/2 hour session with a trained alcohol counselor) for multiple alcohol incidents, egregious behavior, or if a student desires help for a first time incident.

Students seen at the Health Center with non-alcohol related illness/injury who mention a personal concern about alcohol use spontaneously or in response to screening questions (usually an inquiry into habits and family history) are often referred to the SEEP program, or for on-going support by the practitioner. As self-help student run groups (Al Anon, Codependency, etc.) are established on campus, this additional source of help may be widely utilized.

The Dean of Students Office also refers students to the SEEP program but this usually involves additional problems (property damage, OUI, academic difficulties, etc.) and is viewed by most students as punitive and disciplinary in nature. One half day per week of an alcohol counselor's time at Seton is currently spent with Colby students referred by the Dean of Students to the SEEP program.

2. RECOMMENDED FUTURE PROTOCOL/TREATMENT PLAN FOR THE HEALTH CENTER

The Health Center mission is to provide leadership in concert with the Dean of Students Office in a campus-wide effort to minimize irresponsible and underage drinking. A period of several years will be required to bring about student directed change in the campus culture to the point where abusive drinking simply is not socially acceptable. This can best be accomplished only after developing clear roles for each of the concerned and responsible departments (especially Safety and Security, the Health Center, and the Dean of Students Office). This will provide each department sufficient input in dealing with students on the matter of alcohol abuse to be able to encourage the student to address his/her problem.

The issue of confidentially is troubling for students, administrators, and Health Center personnel. Confidentialilty in the alcohol/substance abuse area is governed by Federal regulations. Sharing of appropriate information within the college structure properly done is not a breach of Federal regulations or ethical standards. The nature of information which can legitimately be exchanged in the best interest of the student's welfare must be spelled out in writing and widely disseminated throughout the campus to avoid misunderstandings, perceptions of unfair and discriminatory treatment, and student avoidance of needed alcohol counseling when problems are identified.

Alcohol incidents associated with property damage, OUI, physical altercation, etc. are reported to the Dean of Students and this often results in a referral to the SEEP counselor at Seton. An alternative for the future for a first or second time offense is referral to an on-campus Education and Evaluation Program (EEP) which concentrates almost entirely on education with an evaluation component to determine whether added treatment for alcohol abuse/irresponsible drinking is indicated. This concept parallels the DEEP Program (Driver Evaluation and Education Program) mandated by the State for OUI offenses.

We recommend that the Mid-Maine Medical Center SEEP program, which would be treatment oriented, be modified to more specifically address the college student problem of irresponsible and/or underage drinking rather than the alcoholism stage more frequently encountered 5-10 years (or longer) later. Such a modified SEEP program can be run in the Health Center by a licensed clinical social worker trained and experienced in alcohol counseling. The SEEP Program will have a focus which attempts to separate disciplinary action from the treatment/advocacy role. This approach will also permit differentiation of which major component, (alcohol abuse or emotional turmoil/illness) needs priority (or dual) management but this will also increase the load on the counseling service to unmanageable proportions. This program will consist of counseling, education , self-help group involvement, etc. and be based upon a contract between a student and the Health Center alcohol counselor. Unless the contract is breached, there will be no cause for action by a referral source.

Disciplinary action and counseling can be dual but not separate; they converge when property damage and health issues occur together. If a student has been drinking and breaks a window, a discussion, fine, and warning are the usual course of action for a first offense referred to the Dean of Students Office. The on-campus EEP Program should be a companion activity under these circumstances.

For a second, or for an initial more serious offense, referral to the SEEP Program (on campus) with ongoing treatment beyond the current 1 1/2 hour evaluation session is indicated. The problem inherent in the system, is two fold. First, from the perspective of the student, the recommendation of an alcohol evaluation, in the midst of a disciplinary proceeding is viewed as punitive. Second, the needed evaluation and treatment is mandated rather than voluntary and the treatment thus made more difficult.

Students who appear before the Judicial Board should receive education in the EEP Program and treatment in the SEEP Program, the duration and intensity of treatment to be determined by the alcohol counselor.

The current SERENE program at MMMC involves patient participation for four hours, four nights per week, for four weeks. For students who have been twice referred to the SEEP Program or have had one major incident of alcohol abuse and represent a treatment failure at a less intense level of treatment this program becomes a mandatory referral as an alternative to suspension or expulsion from college. A modification of this program which takes into account the need for evening student study time might be undertaken two nights per week for eight to twelve weeks, carried out on campus in an effort to help seriously impaired students gain control of their lives and go on to graduate, and at the same time minimize later sequelae of alcohol abuse such as failed marriages, spouse abuse, job dismissal, career destruction, involvement with the criminal justice system, etc. Such a program cannot be undertaken without a part-time alcohol counselor on campus and then only with the clear understanding that the need will in time require a full time counselor.

Education of and on-going alcohol in-service programs for the Health Center staff are essential. We have to obey the law, avoid tragic student

accidents, and somehow acknowledge that college-age indoctrination into the use of alcohol cannot be abolished by administrative fiat.

* 3. CODEPENDENCY*

The codependent often feels that he or she is responsible for fixing life for family or friends.

A National Conference on Codependency last year had as its major goal the development of a concensus definition of codependency; the conference adjourned without accomplishing this goal! Counselors have learned to treat the problem without a definition by recognizing behavioral patterns and solutions.

Patterns and Solutions to Codependency

In codependency, my good feelings about who I am stem from being liked by you. In recovery, my good feelings about who I am stem from being loved by me.

In codependency, my good feelings about who I am stem from receiving approval from you. In recovery, my good feelings about who I am stem from self approval.

In codependency, your struggle affects my serenity and my mental attention focuses on solving your problems or relieving your pain. In recovery, my

* Mellody Beattie: Codependent No More

struggle (not yours) affects my serenity, and my mental attention focuses on solving my problems or relieving my pain.

In codependency, my mental attention is focused on pleasing you. In recovery, my mental attention is focused on pleasing me.

In codependency, my mental attention is focused on protecting you. In recovery, my mental attention is focused on protecting me.

In codependency, my mental attention is focused on manipulating you to do it my way. In recovery, my mental attention is no longer focused on manipulating you.

In codependency, my self-esteem is bolstered by solving your problems. In recovery, my self-esteem is bolstered by solving my own problems.

In codependency, my self-esteem is bolstered by relieving your pain. In recovery, my self-esteem is bolstered by relieving my own pain.

In codependency, my own hobbies and interests are put aside and my time is spent sharing your interests and hobbies. In recovery, my own hobbies and interests are pursued instead of being set aside.

In codependency, your clothing and personal appearance are dictated by my desires, as I feel you are a reflection of me. In recovery, your clothing and personal appearance are dictated by you and are not a reflection of me.

In codependency, your behavior is dictated by my desires since I feel you are a reflection of me. In recovery, your behavior is dictated by you and is not a reflection of me.

In codependency, I am not aware of how I feel; I am aware of how you feel. In recovery, I am aware of how I feel and do not assume how you must feel.

In codependency, I am not aware of what I want; I ask you what you want. I am not aware; I assume. In recovery, I am aware of what I want; I don't first ask what you want. I don't assume I know what you want.

In codependency, the dreams I have for my future are linked to you. In recovery, the dreams I have for my future are my own and linked to no one else.

In codependency, my fear of rejection determines what I say or do. In recovery, my fear of rejection no longer determines what I say or do.

In codependency, my fear of your anger determines what I say or do. In recovery, the fear of your anger no longer determines what I say or do.

In codependency, I use giving as a way of feeling safe in my relationships. In recovery, I no longer use giving as a way of feeling safe in relationships.

In codependency, my social circle diminishes as I involve myself with you. In recovery, my social circle is not diminished as I involve myself with you.
In codependency, I put my values aside in order to connect with you. In recovery, my values maintain importance in connecting with you.
In codependency, I value your opinion and way of doing things more than my own. In recovery, I value my own opinion and way of doing things.
In codependency, the quality of my life is in relation to the quality of yours. In recovery, the quality of my life is no longer in relation to the quality of yours.

4. STUDENT LEADERSHIP GROUPS

There are at least five groups central to the development of an effective program:

a) Residence Hall Staff
b) COOT orientation staff
c) PEER Health Educators (see appendix 1)
d) Colby Emergency Response (CER)
e) Stu-A

We recommend an educational program for student leaders during April and May of 1991 emphasizing the recognition and avoidance of codependency. The CER officers should be invited to return early next Fall to attend educational sessions with other leadership groups and a part of the program should be dedicated to alcohol related health issues. A core group of students concerned about the alcohol problem will evolve from such educational programs and they can then continue re-inforcement of these concepts throughout the academic year. This group can lead the effort to establish acceptable norms of behavior on campus and in the residence halls and spearhead the effort to deal with the codependency and alcohol misuse issues. This should be a well-defined program with highly visible administrative support. The issue of irresponsible off-campus drinking has yet to be addressed to the satisfaction of all concerned parties.

5. APPROACH TO INCOMING STUDENTS

Alcohol/health related orientation information is critical. Many students have commented to Health Center personnel that high school alcohol programs are effective in keeping students sober. Students expect continued guidance and education since their lives will be affected by alcohol abuse/misuse by themselves and others.

Repeat educational sessions with first year students upon their return from COOT trips, can reinforce the theme of responsible and legal use of alcohol on campus. They need to know that most students feel that irresponsible drinking is foolish and getting drunk is not necessary to feel accepted into the Colby community.

Another approach would be the designation of an alcohol/drug free residence hall as well as an alcohol/drug free floor in other residence halls. This is essential for recovering students and for students referred for initial treatment. The smoking policy at Colby should also be reviewed with a thought to establishing an addiction-free environment for those students who desire a more healthy environment.(See appendix 2.)

Meetings with parents during their initial visit to Colby with their daughter/son as well as subsequent meetings once accepted at Colby should emphasize and reinforce a clearly delineated campus-wide alcohol policy.

Parents who expect "alcohol initiation" to take place at Colby despite the fact that underage drinking is against the law should, with their children, understand the consequences of their actions.

The 1991-92 Colby Admission Health Forms now ask the incoming student and the student's personal physician to provide confidential information on personal alcohol and substance abuse problems and any family history of alcohol/drug dependency or recovery as well.

Information about self-help groups on campus (Al Anon, ACOA, Eating Disorders, AA, Rape/Incest survivors, etc.) should be provided during orientation.

6. ROLE OF THE ALCOHOL COUNSELOR

The alcohol counselor, a member of the Health Center Staff, will concentrate his/her attention on four groups of students:

a) Those wishing to deal with codependency issues.
b) Those involved in irresponsible drinking.
c) Those involved in alcohol/substance abuse.
d) Anyone interested in learning about substance abuse/or codependency

The first group is discussed in the previous section on Codependency. The second group, the irresponsible drinkers, are not difficult to identify, but are difficult to convince that evaluation is in order and even more difficult to convince that treatment might be necessary. A Student Advisory Committee (residence hall staff, PEER health educators, CER leadership, concerned friends, etc.) should meet with the alcohol counselor to discuss their concerns. Intervention on students with a drinking problem involves having concerned students meet with the substance abuse counselor. Together, they set up a meeting with the drinker and identify how the student's drinking has adversely affected them. Lastly the concerned students recommend that the student drinker meet with the alcohol counselor for an assessment.

Alcohol abusers, who refuse referral to the alcohol counselor by Health Center practitioners can be approached by student colleagues who know them best, in the hope that discussion with the alcohol counselor regarding evaluation and treatment will take place, thus avoiding referral to the Dean of Students Office for mandated treatment

The Alcohol Planning Committee will work with the Student Advisory Committee. Evaluation of this new system should be done each semester.

7. INTERACTIONS WITH DEAN OF STUDENTS OFFICE

Clearly defined roles for Health Center Staff, Safety and Security Staff, and Dean of Students Staff are essential and should be mutually supportive. The advocacy position of the Health Center should be clearly

understood. Health and alcohol issues and poor academic performance or inappropriate behavior are often interrelated. This inter-relationship makes it important to have the ability to share information in order to help a student. This should be done with the student's knowledge except in cases of extreme emergency.

Residential staffs are at times reluctant to bring intoxicated students to the Health Center since the presence of Security to provide assistance and/or transportation will automatically generate a report to the Dean of Students Office. This system promotes student mistrust and should be re-examined and restructured.

Current policies and decisions involving interaction between the Health Center Staff and the Dean of Students Office need re-definition and mutual agreement regarding implementation.

The Dean of Students Office is appropriately concerned with all aspects of student welfare - how much of this concern and management to share with other participants in the student's life at Colby should be re-examined and re-defined and evaluated in a continuing fashion over time.

8. COLBY EMERGENCY RESPONSE

The expectations of others and responsibilities of CER are in a state of flux. The members of CER have done an extraordinary job in the face of pressures from all directions. Medical supervision of what is essentially an extension of the Health Center requires new definition. Colby-specific medical protocols should be created and a system for on-going evaluation of EMT performance, especially in the areas of assessment and record keeping is needed.

A clear understanding of the nature of alcohol misuse and codependency can best be learned by CER through participation with self-help groups and in-service educational sessions with the alcohol counselor and Health Center Staff

A major problem confronting CER is the dangerously intoxicated student whose life may be threatened medically but who absolutely refuses to be transported to the Health Center; action has been taken to more effectively deal with this situation.

9. SAFETY AND SECURITY

The dispatch function of this office needs re-assessment. A dual response to calls for CER to evaluate and assist the student medically in need may not always be indicated. Definition of the role of Security personnel when no indication of physical damage or personal injury is apparent but a student appears intoxicated is underway. Should a report be sent to the Dean of Students Office by Security if such a student goes to the Health Center voluntarily? Most students feel that it should not; Security can log their trip to a given location without identifying a cooperative but intoxicated student who has broken no rules (except the legal drinking age) and caused no personal or property damage; the Health Center will deal with this student's illegal alcohol consumption.

There is a need to re-define how Safety and Security personnel fit into the campus-wide health care system and interrelate with CER.

Safety and Security personnel should participate in codependency educational sessions and self-help group sessions along with CER and Health Center Staff.

There should be basic medical instruction for Safety and Security personnel delivered by Health Center physicians.

Joint meetings with CER, the Health Center Staff, the Director of Safety and Security and the Dean of Students should take place monthly. The overall role of Safety and Security as it relates to alcohol and health issues will be more clearly spelled out in the process.

The problem of off-campus drinking as it impacts Safety and Security requires re-assessment and development of a new management strategy.

10. CONCLUSIONS

Colby has established an impressive record of pro-active, innovative programs during the last decade. Resolution of the fraternity issue with the establishment of a Commons System coupled with the new Student Center represent a milestone in changing student lifestyles for the better - the process of change continues.

Establishment of "Jan-Plan" programs was innovative and currently is receiving mixed reviews - like all other human endeavors, constant revision and improvement are needed, again confirming the old adage, "nothing ventured, nothing gained".

The Health Advisory Committee established the first campus-wide written AIDS policy in Northern New England. This committee continues to provide guidance and oversight for Health Center activities with input from diverse segments of the Colby community.

The Athletic Advisory Committee established guidelines for health/physical therapy management for varsity athletes which preceded similar national policies adopted by the NCAA. Athletic and sports medicine personnel interact daily with college physicians who remain responsible for over-all student health. The entire student body has access to physical therapy on campus without the need to look elsewhere.

The COOT program, while not a Colby invention, has been so successful that it now attracts 95% of the entering class who enjoy many different activities ranging from canoe trips and mountain climbing to cultural activities, both on and off campus.

We have identified a significant alcohol abuse and misuse problem at Colby. Society has not yet come to grips with the mental anguish or physical and emotional damage inflicted upon college students by irresponsible drinking and alcohol abuse. One need only look at the changes during the last decade in cigarette smoking (which unfortunately still remains the number one national addiction, leading direct and indirect cause of death, and leading source of health care expenditures) to see that change is possible.

Given the resources and funding to effect change in the use and abuse of alcohol at Colby, a student mandated and directed change in peer culture can occur so that the Colby experience will be exhilarating for every undergraduate who wishes to avail her/himself of the opportunities available on Mayflower Hill and produce a Colby graduate better prepared to deal with the pressures and frustrations encountered in life beyond Colby.

APPENDIX I

PEER HEALTH FACILITATORS

Short-Term Plans-

April 4-Alcohol Consortium at Bowdoin concerning what Peer Health Educators at other schools are doing to combat the problems of substance abuse

April 6-Alcohol workshop at Mount Holyoke-An introductory training program on how to begin intervention on very basic levels. It is meant to facilitate educators' recognition of potential substance abusers. It also will serve to introduce methods to help these people.

May 1-Codependency lecture-Tom and Mary Fitzpatrick will be coming to the Colby coffeehouse to speak about their personal experiences with codependency which developed during the time they were in college.

August-A training session for Peer Health Facilitators about intervention concerning all issues (AIDS, eating disorders, nutrition, stress and sexual assault)-This is an attempt to educate the PHF enough that they, in some situations, can help in intervention. It also serves as a good reserve of information if during an education program they are approached by a student with a serious problem.

September-Orientation programs for first year students-These programs will be focused on substance use and abuse. Their purpose is to stop some of the abusive situations, which are common for first year students, from occurring.

Long Term Ideas-

-Trained facilitators who will be able to educate and be involved in intervention with students who are abusing alcohol or other substances.

-A bartending course which could teach students responsible ways to serve alcohol, host parties and recognize people who either should not drink anymore or who are constant abusers. An idea would be to eventually have enough people trained that each weekend there would be a number of bartenders "on-duty" who would be able to work at parties.

-A party for responsible drinking is another idea. This would invove a few alcoholic drinks and a breathalizer machine as well as several non-alcoholic "mock-tails" and food. In order to get an alcoholic drink a person would have to pass the breathalizer test. This would help to demonstrate what it feels like to drink responsibly and how little it takes to be legally intoxicated.
-Other goals are to get more educational materials such as films and pamphlets and to have more speakers.

APPENDIX Z.

Colby College

WATERVILLE, MAINE 04901 207/872-3103

Office of the Dean of Students

March 20, 1991

Dear Student,

Recently, I have met with the Room Draw Committee to discuss the possibility of offering another choice in housing options for the Colby community. Upon the receipt of several requests, we are proposing the designation of a Chem-Free Hall for the 1991-92 academic year. Realizing that this concept has raised, and will continue to raise, many questions, let me attempt to respond to a few.

1.) What Is a Chem-Free Hall?

We have defined a Chem-Free Hall as a building in which the residents have agreed not to use alcohol, tobacco, and/or other substances.

2.) Who Will Live In the Chem-Free Hall?

Volunteers. The sign-up and room selection for this hall will be held prior to the regular draws - and prior to lottery #'s being released. It was felt that some people may opt for this hall should they have a particularly poor lottery number, as a means of circumventing the system. Hence, we are asking that anyone interested in living in this hall express that interest to me by Thursday, April 4th. I will maintain a sign-up sheet in my office (Lovejoy 110) starting on Wednesday, March 20 - Thursday, April 4.

3.) What Other Differences Might One Expect?

Relatively few. This building will be managed in a fashion identical to all other residence halls - hall staff, hall president, vice-president, custodial services, etc. Hall events will be substance free.

4.) How Many Chem-Free Halls Does the College Want?

As many as necessary to meet the demand. The college is not interested in providing this form of housing unless there is a demand for it. This year's sign-ups will determine the extent to which there is a need. If, after this pilot year, students are not supportive of the idea, this choice may not be offered.

If you have any questions about Chem-Free Halls, or if you would like to be a part of their inception, please feel free to call me at ext. 3107, or stop by my office in Lovejoy 110.

Sincerely,

Paul E. Johnston

Paul E. Johnston
Associate Dean of Students

APPENDIX C

BUDGET

Making a budget for such an ambitious program is difficult. Recognizing already tight general College budget constraints, we have endeavored to do everything that is possible to include staff and program needs within the existing Health Center resources. As an example, within the month we hope to sign a contract with a Physician's Assistant (replacing a resignation in an existing position) who will bring with him the additional skills of an alcohol counselor. Nevertheless, we estimate the added cost of the program described in this report at $20,000 -- $10,000 for outside contractors and $10,000 for materials and programs.

Contract Costs

• If we are able to employ the new PA/Alcohol Counselor, he will nonetheless first have to fill the necessary PA duties, including on-call work at night. This done, we estimate that he will be able to devote approximately 10 hours per week to alcohol counseling. We will need more help in this area, perhaps to the extent of an additional 10 hours per week with estimated contract service costs of about $7500.

• This spring, on a trial basis, we have contracted with trained off campus alcohol counselors to offer education programs for about 60 student leaders and residence hall staff. This program will be evaluated at the end of the current term and, if it is judged worthwhile, we would hope to offer the program three times in the coming academic year (fall, winter, spring) and include other student leaders, athletic teams, etc. We estimate the cost of this program at $2500.

Materials and Programs

• We know that traditional educational programs, no matter how they are billed, are largely ineffective in reaching students on the subject of alcohol. On the other hand, there is a genre of programs that includes exhibits, demonstrations, celebrity lectures, that are generally more attractive and, thus, more effective. These programs can cost as much as $2500 each. We would like to have at least two of these programs each year - $5000.

• The remaining $5000 would be used for audio-visual materials, posters and pamphlets, and for registration and travel to enable professionals and key student leaders to participate in regional alcohol conferences.

SAVINGS

The Health Center estimates that 90-91 insurance costs for students enrolled in SEEP Programs at Mid-Maine Medical Center will cost approximately $3000 (up $1500 from FY 89-90). Under the new program, we expect many of these students to be cared for under the new EEP Program on campus.

The Dean of Students Office estimates that upwards of 90% of campus vandalism is caused by students who are under the influence of alcohol. To the extent that this program is successful, these costs could be reduced significantly.

It is, of course, impossible to estimate the savings beyond the College in the health care and lost work costs that can be realized by successfully addressing the drinking problems of individuals while they are students.